

## HIV Prevention Participant Sign-In Form

Using one line per person, please sign-in with the following information in order to maintain confidentiality of identity:

### Meeting Dates

Please initial the column indicating meeting dates attended.

	1 <sup>st</sup> & 3 <sup>rd</sup> letter of your first name	Birthday (month/day,year)								
1		___/___/___								
2		___/___/___								
3		___/___/___								
4		___/___/___								
5		___/___/___								
6		___/___/___								
7		___/___/___								
8		___/___/___								
9		___/___/___								
10		___/___/___								
11		___/___/___								
12		___/___/___								
13		___/___/___								
14		___/___/___								
15		___/___/___								

Name of Contracting Agency:

Intervention Name:

**Thanks for providing this information so that we can evaluate our program. Be assured that your identity will remain anonymous and your participation confidential. Your assistance is appreciated!**